

## State Primary Care Office

### Program Objective:

The Primary Care Office (PCO) is funded:

- 1) to improve Primary care access of underserved and vulnerable populations
- 2) to enhance collaboration between the State, Federal, and private sectors
- 3) to improve health status,
- 4) to achieve the vision of 100% access to preventive and primary care services, and
- 5) to achieve the vision of 0% health disparities in every community across the country.

### Short Description and Background:

The PCO was established in the 1980s. The PCO receives funding through a cooperative agreement with the federal Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The funds are used to increase access to quality primary health care and to decrease health care disparity. The PCO does this in several ways:

- 1) by enhancing collaboration between State, Federal, and private sectors;
- 2) by increasing resources;
- 3) by collecting and analyzing data;
- 4) by offering technical assistance.

### Program Accomplishments:

- In 2000, the Cultural Competency Program was developed to provide cultural competency training to improve the quality of health services provided for our culturally diverse populations. In addition a Cultural Competency Advisory Committee was established to advise the PCO on issues involving healthcare for Utah's populations.
- In 1994, the PCO created the Conrad State 20 J-1 Visa Waiver Program for Utah. The objective is facilitate the placement of qualified International Medical Graduates (IMG) who have fulfilled US residency programs in underserved areas of the state. Presently, primary care physicians have been placed in 21 rural and 17 urban health care sites. The IMGs must commit to a 3-year service obligation in return for the privilege to practice medicine in the United States.
- 2001 saw the completion of the Primary Care Needs Indicators web based data site. The Primary Care Needs Assessment Committee helped the PCO to identify indicators of primary care need that can be used for the entire state. Data can be used to procure grants, measure success, need, and for trend analysis. Besides quantitative data, qualitative information is available as well, explaining need and access barriers for some of Utah's underserved populations.
- Since 1998, the PCO has engaged in a proactive strategy to develop federally designated health professions shortage designations, commonly known as Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). These designations are necessary for qualifying for many federal programs, including the National Health Service Corps, higher Medicare reimbursement, and Area Health Education Incentives. All but the MUA/Ps designations must be reanalyzed on a 3-year basis.
- The PCO has provided a wide range of technical assistance on the individual and community level. In addition, the PCO has two formal training programs, "Grant writing", and "Community Based Recruitment and Retention."
- This year, the State Primary Care Grants Program, received more applications than in previous years. The program was marketed to more eligible programs. This program made it possible for approximately 3,000 individuals to be seen a staggering 10,000 times.
- The PCO has gained national recognition in many of its efforts, including the State Loan Repayment Program management, J-1 visa waiver issues, cultural competency program development, recruitment and retention, shortage area designations, and Primary Care Needs Assessments.
- Received extra funding to do work force studies in collaboration with the Medical Education Council, Idaho and Wyoming PCOs, and the WWAMI Research Center (Washington, Wyoming, Alaska, Montana, and Idaho).

### Fiscal Implications:

Accessibility to primary care reduces the need for unnecessary hospitalizations, complications, pain, suffering, and preventable death. The PCO receives approximately \$100,000 per year to cover all expenses and for two full-time staff. This work was accomplished on a very limited budget. In addition, communities either saved or generated funding through the PCOs technical assistance.



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